



MICHIGAN DEPARTMENT OF NATURAL RESOURCES
FOREST, MINERAL & FIRE MANAGEMENT

VOLUNTEER CAMPGROUND HOST APPLICATION

By authority of Part 831 of Act 451, P.A. 1994, as amended this information is required to be considered for a campground host position

Applicant's Name		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No		Co-Applicant's Name		Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Telephone No.		Birth Date		Telephone No.		Birth Date	
Occupation (current or past)				Occupation (current or past)			
Drivers License #				Drivers License #			
Social Security #				Social Security #			
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what and when? _____				If so, what and when? _____			
_____				_____			
List all names of family members who will reside full time on the campsite: _____ _____							
Will any pets reside with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind? <input type="checkbox"/> Dogs <input type="checkbox"/> Cats <input type="checkbox"/> Other: _____ How Many? _____							
Are you willing to be a host at a rustic campground? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when? _____							
Have you served as a Volunteer Host before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where? _____						Dates Served: _____	
What kind of camping equipment will you use? <input type="checkbox"/> Tent <input type="checkbox"/> Motor Home <input type="checkbox"/> Trailer/Camper						Length of Unit: _____	
List the names of State Forest Campgrounds you are interested in being a Volunteer Campground Host at: _____ _____							
Please list two personal references:							
Name				Name			
Address				Address			
City		State		City		State	
		Zip Code				Zip Code	
Telephone No.		Relationship		Telephone No.		Relationship	
In case of emergency, please provide the following information:							
Person's Name (not living with you) to be notified _____						Telephone No. _____	

Please read the following conditions of employment and sign below:

I will reside during my agreement period as campground host in the State Forest Campground to which I have been assigned.

I will stay at the facility for the convenience of the Department of Natural Resources, Forest, Mineral and Fire Management.

I will accept residence arrangements established by my assigned facility as a condition of my being accepted to perform volunteer services as a campground host as described on form IC 4161-6 (State Forest Campground Hosts).

I understand that this agreement can be terminated at any time by either party in writing and that past volunteer status does not obligate the State of Michigan to place me as a Campground Host in the future.

I understand that I may not be entitled to workers' compensation or liability protection.

I understand that all the information I have willfully provided on this application is required under the authority of the Michigan Department of Natural Resources for the safety and well being of all persons who utilize public campground facilities and that this information will become public record. I understand that a criminal history check may be obtained prior to my appointment as a campground host. I agree to perform the minimum required activities. I certify that this information is complete and true.

I agree to abide by Department Policy, State and Federal laws which prohibit discrimination in employment, education, housing, public accommodations, law enforcement or public service based on religion, race, color, national origin, age, sex, marital status, height, weight, or disability.

Applicant's Signature

Date

Co-applicant's Signature

Date

DNR Supervisor's Signature

Date

Campground Location

PROJECT INFORMATION

(to be completed by supervisor)

Project Location (work station)

Project Description

Tasks (duties to be preformed)

Estimated Time	Hours	Days	Dates	Skills/Qualifications

PLEASE RETURN COMPLETED APPLICATION TO:

**VOLUNTEER COORDINATOR
FOREST MINERAL AND FIRE MANAGEMENT
MICHIGAN DEPARTMENT OF NATURAL RESOURCES
8717 NORTH ROSCOMMON ROAD
ROSCOMMON MI 48653**